

# NATIONAL Assessment Centre Services

Date In: 29/08/22	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/CT22008353/13	E-mail (within 3hrs, AP 2hrs)		
Veh No: SKS6286Y	i-Motor Claim Form		
DOA: 27/08/22 1410	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OT: (TP) Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SKX51604	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	( )
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date:	Time: (
Insured/Driver Liability: (	% [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: (	Warranty: YES ( ) / NO ( )	
Excess: (\$	Loading: \$1,000 ( ) / \$2,000 ( )	

General Remarks:-

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co. ( )

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

NA2202834	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Cal 1:	6) TR: Re-inspection \$75		
Cal 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date of Submission	29/08/2022 16:49 (SGT)
Reported by	Driver
Date of Accident	27/08/2022 14:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TWDS TUAS B4 CTE EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS6286Y
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SOH LI YUN
NRIC No	SXXXX737Z
Email Address	liyun_888@yahoo.com
Mobile Phone No	(Phone) +65-96844696
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	BMW
Model	X1
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1500

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00165872204

#### DRIVER

Name of Driver	LEW YONG CHUAN
NRIC No	SXXXX178H
Date Of Birth	23/01/1985
Occupation	Indoor



Date Of Driving Pass	18/03/2005
Driving experience	17 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92959764
Alt. Phone Number	-
Email Address	lyc_85@hotmail.com
Address	7 BEDOK PLACE
Address complement	-
Postcode	486080
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH WORKSHOP

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX5160U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

Contact Number	(Phone) +65-92302108
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	LEW YONG CHUAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK & SHOULDER
Injured person in which vehicle?	SKS6286Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

#### 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.


(collectively the "**Purposes**")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

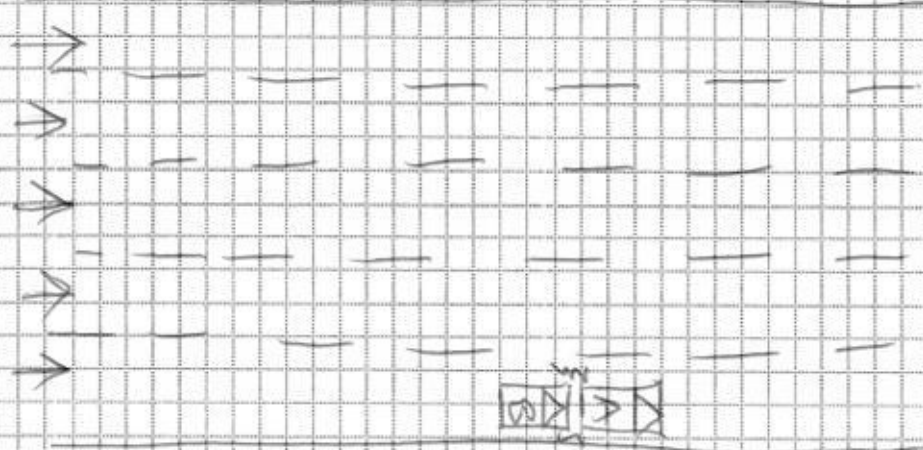
  
Policyholder's Signature / Date & Time

  
Driver's Signature (if driver is not the policyholder) / Date & Time

 29/08/22  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

### Sketch Plan

PE TURNS TRUCK BEFORE LANE CHANGING



A - 88563819  
B - 88563819

**Describe Circumstance of the Accident**

I was driving along PIE towards Tuas on the extreme right lane of a 5-lane Expressway. Somewhere before CTE Exit, Vehicles ahead of me slowed down and stopped due to heavy traffic flow. As such, I applied brake and stopped accordingly. Out of no sudden, I felt an impact on the rear of my vehicle. After the impact, I alighted and realised that veh (B) had collided into the rear portion of my vehicle. After the accident, I felt pain over my neck and shoulder area.

A - SKS 6286 Y


B - SX 51604




**Declaration**

I/We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

  
Driver's Signature (If driver is not the policyholder) / Date & Time

 29/08/22  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



VEHICLE NO: <u>SKS 6286Y</u>	MAKE & MODEL: <u>BMW X1</u>	<u>(AUTO)</u> / MANUAL
DATE OF ACCIDENT: <u>27/08/2022</u>	CC: <u>1.5</u>	
TIME OF ACCIDENT: <u>2.10 pm</u> HRS		
LOCATION OF ACCIDENT: <u>PIC table TRANS before LITE EXU</u>		
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT (PRIVATE USE) / PRIVATE HIRE	
NAME OF OWNER: <u>Sun Lijun</u>		
TEL NO:	H/P: <u>96844696</u>	OFFICE: HOME:
NRIC: <u>S89357372</u>		
ADDRESS: <u>12, Jalan Limau Bali, (96844696)</u>		
EMAIL: <u>lijun-888@ yahoo.com</u>		
CLAIM TYPE: <u>OD / (THIRD PARTY) / REPORTING ONLY</u>		
FLEET POLICY: <u>YES / NO?</u>		
INSURANCE COMPANY: <u>China Taiping</u>		
TYPE OF COVERAGE: <u>Comprehensive / Third Party / Third Party Fire &amp; Theft</u>		
POLICY NO: <u>CHPCSNA 0165872204</u>		
NAME OF DRIVER: <u>AS ABOVE / IF NO: <u>Lew Yong Chuan</u></u>		
NRIC: <u>S05021784</u>	ANY PASSENGER: <u>NT</u>	
DATE OF BIRTH: <u>23/01/1985</u>	LICENCE PASSED DATE: <u>18/03/2005</u>	
OCCUPATION: <u>OUTDOOR (INDOOR)</u>		
GENDER: <u>(MALE) / FEMALE</u>		
CONTACT NO:	H/P: <u>92959764</u>	OFFICE: HOME:
ADDRESS: <u>7, Bedok Place, S44860800</u>		
EMAIL: <u>LYC-85@hotmail.com</u>		
DOES DRIVER OWNED ANY VEHICLE: <u>(NO)</u> IF YES, REG NO:	INSURER:	
RELATIONSHIP: <u>Spouse</u>		
WEATHER CONDITION: <u>(CLEAR) / RAINING / OTHERS:</u>		
ROAD SURFACE: <u>(DRY) / WET / OTHER:</u>		
ANY INJURIES: <u>NO / (YES) WHO?</u>		
NAME & CONTACT: <u>Lew Yong Chuan</u>	<u>92959764</u>	
NAME & CONTACT:		
POLICE REPORT: <u>(NO) / IF YES, WHERE?</u>		
NOTICE OF INTENDED PROSECUTION GIVEN? <u>(NO) / IF YES, WHO?</u>		
VEHICLE B REG NO: <u>SLX 51604</u>	ANY PASSENGERS: <u>NT</u>	
NAME OF DRIVER: <u>McLane Hian Chee Hong</u>	CONTACT NO: <u>92302108</u>	
VEHICLE C REG NO:	ANY PASSENGERS:	
VEHICLE D REG NO:	ANY PASSENGERS:	
VEHICLE E REG NO:	ANY PASSENGERS:	
VEHICLE F REG NO:	ANY PASSENGERS:	
VEHICLE G REG NO:	ANY PASSENGERS:	
ANY WITNESS? IF YES, NAME:	WITNESS CONTACT:	
WAS THERE ANY VIDEO CAPTURE? <u>(YES) / NO</u>		
WAS THERE ANY AUDIO RECORDED? <u>YES / (NO)</u>		
ACCIDENT SCENE PHOTOS TAKEN? <u>(YES) / NO</u>		
ACCIDENT PORTION: <u>Rear Bumper</u>		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		<u>YES / (NO)</u>
WORKSHOP PARTICULAR: <u>Twinkl Automotive P/L</u>		
CONTACT NO: <u>68420051 / 67440510</u>		
CONTACT PERSON: <u>Helen</u>		
FAX NO: <u>67410510</u>		
WORKSHOP EMAIL: <u>sales@n51.com.sg</u>		

Motor Private Car

MX1E

R SN

AN0394A

Cov. Type C

**CERTIFICATE OF INSURANCE**Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNA00165872204

Engine No.: F693H848B38B15A

Cha. No. WBAJG120203G76323

1. Index Mark and Registration

SKS6286Y

Number of Vehicle

2. Name of Policy Holder

SOH LI YUN

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment08/08/2022  
(00:00:00)

Named Drivers Ex Sect. I

S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age &lt;= 25

S\$3,000.00

Ex Sect. I - Age &gt;= 26

S\$500.00

\* Age as at date of accident

EX ON WINDSCREEN

S\$100.00

4. Date of Expiry of Insurance

07/08/2023

5. Persons or Classes of Persons entitled to drive\*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use\*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time

Waiver of Excess for the first S\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our

Authorised Workshops for each Policy Year.

HIRE PURCHASE CO.: DBS BANK LTD AS HP OWNER

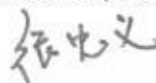
\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

**I/We hereby Certify** that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

  
Li Jie Peng  
Authorised Officer

Authorised Signatory